

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 154
Registered No. 169

1. PLACE OF BIRTH—

County Gila State Ariz.
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Ricardo Duarte
{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

male

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

yes

7. Date of birth Aug. 15, 1930
Month Day Year

8.

Full name

FATHER

9. Residence
(Usual place of abode)

If non-resident, give place and state.

10. Color or race

Mex.

11. Age at last birthday 28 (Years)

12. Birthplace (city or place)

(State or country)

13. Occupation

Nature of industry

Laborer

14.

Full maiden name

MOTHER

15. Residence
(Usual place of abode)

If non-resident, give place and state.

16. Color or race

Mex.

17. Age at last birthday 28 (Years)

18. Birthplace (city or place)

(State or country)

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

5

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:15 P. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

T. C. Harper

Physician

(Physician or Midwife).

Address

Globe, Ariz.

Filed

9/8, 1930 B. E. Wightman
Registrar

Given name added from
a supplemental report.

Month, day, year

Registrar

945-815-339